PREGNANCY PREVENTION INTERVENTION IMPLEMENTATION REPORT

Intervention Name: Sisters Informing, Healing, Living, and Empowering (SiHLE)

Developer: Ralph J. DiClemente, PhD; and Gina Wingwood, ScD, MPH

Program Description:

The *SiHLE* intervention, an adaptation of the SISTA program, is a small-group, skills-training intervention to reduce risky sexual behavior among African American adolescent females. Through interactive sessions, the intervention emphasizes ethnic and gender pride, and enhances awareness of HIV risk reduction strategies such as abstaining from sex, using condoms consistently, and having fewer sex partners. Through the use of role plays and cognitive rehearsal, the intervention is geared toward enhancing confidence in initiating safer-sex conversations, negotiating for safer sex, and refusing unsafe sex encounters. In addition, facilitators model proper condom use skills and emphasize the importance of healthy relationships.

Component 1: Small Group Sessions

The intervention consists of four three-hour, small-group sessions, delivered by two peer facilitators (ages 18–21) and one adult facilitator in a community-based setting. The sessions are gender specific and culturally relevant and include behavioral skills practice, group discussions, lectures, role-playing, and take-home exercises. They include:

Session 1: My Sistas, My Girls. Participants discuss ethnic and gender pride and what it means to be an African American adolescent, emphasizing the importance of self-love, pride, and the positive qualities of being an African American adolescent.

Session 2: It's My Body. Participants gain basic information on sexually transmitted diseases and HIV and their relationship to risky sexual behavior.

Session 3: SIHLE Skills. Participants develop skills regarding condom use and effective communication.

Session 4: Power and Relationships. Participants learn the difference between healthy and unhealthy relationships and reinforce the messages of assertive communication, correct condom use, and gender and ethnic pride.

Target Population:

Available information describes the target population as sexually active, African American adolescent females, 14–18 years old.

Curriculum Materials:

The SiHLE intervention package includes an implementation manual with a facilitator's guide, pre-implementation and implementation information, activity handouts, evaluation tools, monitoring forms, and a technical assistance guide. Program packages cost \$160–\$294, while individual instruments and the user's guide are available separately as well. These materials are available online at http://www.socio.com/passt23.php.

Training and TA:

Facilitators must attend a training offered through the CDC DEBI program; information is available at <a href="http://www.effectiveinterventions.org/go/interventions/sihle/sihle-resources-and-tools/si

Research Evidence¹

Study Citation:

DiClemente, R. J., Wingood, G. M., Harrington, K. F., Lang, D. L., Davies, S. L., Hook, E. W., et al. (2004). Efficacy of an HIV prevention intervention for African American adolescent girls: A randomized controlled trial. *JAMA*, *292*(2), 171–179.

Population Evaluated: Sexually experienced African American adolescent girls recruited from community health agencies

• Age range 14 to 18 years (mean age 16 years)

Setting:

Saturday program at a family medicine clinic in the southern United States

Study Findings:

At the 6-month follow-up: adolescents participating in the intervention were significantly less likely to report having a pregnancy and significantly more likely to report consistent condom use in the previous 6 months and using a condom during last sex.

At the 12-month follow-up: adolescents participating in the intervention were significantly more likely to report consistent condom use in the previous 30 days (and 6 months) and using a condom during last sex.

¹ This summary of evidence is limited to studies of the intervention meeting the inclusion criteria and evidence standards for the Pregnancy Prevention Research Evidence Review. Findings from these studies include only those showing a statistically significant positive impact on sexual risk behavior or its health consequences. Studies may present other positive findings beyond those described; however, they were not considered as evidence for effectiveness because they focused on non-priority outcomes or subgroups, did not meet baseline equivalence requirements, or were based on follow-up data with high sample attrition. For additional details on the review process and standards, see the review's Technical Documentation.